



# WESTERN EQUIPMENT

Clinton, Weatherford, Hobart, Alva, Altus, Woodward, Childress, Amarillo, Dimmitt, Floydada, Muleshoe, Olton, Plainview, Clovis

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Name: First Middle I Last	Social Security Number
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Address	City	State	Zip Code
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Telephone Number(s)		
Home:	Cell:	Other:

How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Best time to contact you at home is:	_____ : _____	AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	NO
Have you ever been convicted of a felony?	YES	NO
If yes, give date & brief explanation _____		
Do any of your friends or relatives, other than spouse, work here?	YES	NO
If yes, state name, relationship and location _____		
Are you currently employed?	YES	NO
May we contact your present employer?	YES	NO
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?		
<i>Proof of citizenship or immigration status will be required upon employment</i>		YES NO
Date available for work	_____/_____/_____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time ( Please indicate Mornings Afternoon )	
Are you currently on "lay-off" status and subject to recall?	YES	NO
Can you travel if a job requires it?	YES	NO
WE ARE AN EQUAL OPPORTUNITY EMPLOYER		

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
HIGH SCHOOL				
UNDERGRADUATE				
COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (Specify)				

## WORK EXPERIENCE

*Start with your present or last job*

Employer				Dates Employed		Work Performed	
Address				From	To		
Telephone Number(s)							
Supervisor				Hourly Rate/Salary			
				Starting	Final		
Reason for Leaving				May We Contact? Yes No			
Employer				Dates Employed		Work Performed	
Address				From	To		
Telephone Number(s)							
Supervisor				Hourly Rate/Salary			
				Starting	Final		
Reason for Leaving				May We Contact? Yes No			
Employer				Dates Employed		Work Performed	
Address				From	To		
Telephone Number(s)							
Supervisor				Hourly Rate/Salary			
				Starting	Final		
Reason for Leaving				May We Contact? Yes No			

\* Include explanation of any gaps in employment.

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## OTHER QUALIFICATIONS / SPECIALIZED SKILLS

*Summarize special job-related skills and qualifications acquired from employment or other experience*

## PERSONAL REFERENCES

*Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
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1)

2)

3)

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law., any employment relationship with this organization is of an "at will" nature, which means that Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date